

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**FY 2007**

(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Docket Number
CS23174RA

| | | | |
|--------------------|------------|----------|---------------------|
| Application Number | 10/647,727 | Filed | 2003-08-25 |
| For | Mark Pecen | | |
| Art Unit | 2619 | Examiner | Churnet, Dargaye H. |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):

| | | | |
|-------------------------------------|----------------------------------|-----------|----------|
| <input checked="" type="checkbox"/> | One Month (37 CFR 1.17(a)(1)) | \$120.00 | \$120.00 |
| <input type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) | \$460.00 | \$ |
| <input type="checkbox"/> | Three Months (37 CFR 1.17(a)(3)) | \$1050.00 | \$ |
| <input type="checkbox"/> | Four Months (37 CFR 1.17(a)(4)) | \$1640.00 | \$ |
| <input type="checkbox"/> | Five Months (37 CFR 1.17(a)(5)) | \$2230.00 | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number **502117**. The Deposit Account Name is **Motorola, Inc.**

I have enclosed a duplicate copy of this sheet.

I am the:

☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record (Registration No.: 37,465)

☐ Attorney or agent under 37 CFR 1.34

Registration number if acting under 37 CFR 1.34 _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 12, 2008
Date
847-523-2322
Telephone Number

/HISASHI D. WATANABE/
Signature
Hisashi D. Watanabe
Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted